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**ADOLESCENTS' HEALTH BEHAVIOUR  
PROBLEMS AND HANDLING THEM IN  
SECONDARY SCHOOLS**

**PhD Theses**

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## REASONS FOR CHOOSING THE TOPIC

Both experts and non-professionals could see the problem of adolescent psychoactive substance use: during the past one or two decades, the extent of using substances has significantly increased; moreover, the initiation of psychoactive substances starts at earlier and earlier ages. There are three factors influencing adolescents' health and risk behaviour: parents, peer group, and school. Students' substance use, such as smoking, drinking and drug-taking was surveyed from the viewpoints of school.

One of the purposes of the research was to measure the prevalence of the above mentioned drugs among the secondary school population in the surveyed town. The other aim of the research was to find out in what way secondary school teachers react on adolescent substance use and abuse, and what methods are used to prevent or decrease teenagers' substance use. In the dissertation, drug prevention techniques considered both by teachers and students to be effective and ineffective were about to display.

Prevention methods could be grouped by two viewpoints. According to the previously formed grouping on chronological basis, there are primary, secondary and tertiary preventions. However, today experts apply the grouping based on target population: universal, selective, and indicated preventions<sup>[1]</sup>. In the dissertation, the prevention methods on chronological basis were applied. Prevention techniques were considered primary if they are used by teachers to prevent the initiation of students'

substance use, as well as to hold smoking and drinking on experimental level. On the other hand, the prevention techniques with which teachers intend to decrease the non-occasional substance use, as well as to minimise the symptoms of it were thought to be secondary prevention methods. Taking apart answers regarding prevention techniques, we formed the following categories in both primary and secondary prevention methods:

In School			In Society, personal
<i>Mentioned</i>	<i>Applied</i>		
<i>Effective</i>	<i>Effective</i>	<i>Ineffective</i>	<i>Effective</i>

During the research, the aim was to put together a bunch of methods considered to be effective both by teachers and students.

## HYPOTHESES

Before starting the research the following hypotheses were put down:

1. Smoking, drinking, and drug taking habits of the local adolescent population are similar to the average in the whole country. Out of the three psychoactive substances, students use most frequently alcohol and less frequently illegal drugs.
2. There will be significant difference between the usage of the two age groups; however, results will not show significant difference according to

gender. Significant difference is expected between grammar school, technical secondary school, and vocational school students' substance abuse: vocational school students will probably use the most and grammar school students the least legal and illegal drugs. Furthermore, as far as grammar school students are concerned, the most psychoactive substance use could be detected among foundational school students, while the least among ecclesiastical school students. All protective factors (good family relationships, positive attitude to school, creative free time activities) are considered to function in a protective way.

3. Teachers react on substance use both at school and in school events in various ways: firstly, they want to prevent students from using psychoactive substances at all or in an excessive way; and they apply both persuasion and punishment in case of substance use.
4. Among prevention techniques thought to be effective there will be more primary methods. It is supposed that – except for the ordinary information-giving method (lecture held by an expert or the so called form teacher lesson) – there will be some other original and effective methods, as well.

Examining the hypotheses, information and data were searched for in both national and international technical literature, as well as an empirical research was carried out.

## SHORT SUMMARY OF THE TECHNICAL LITERATURE

In each human culture, there has always been a kind of psychoactive substance playing an important role. In different cultures, the dominant substance has built in social interactions and conflict management mechanisms. The way how to use psychoactive substances is acquired by adolescents through social learning.

Adolescence is the period of intensive changes according to both a biological-hormonal and psychosocial points of view. Different patterns of problem behaviour appear in this period of life in the most evident way. Problem behaviour means a group of symptoms which include several elements. These elements could be put into two, easily differentiated groups: externalising and internalising patterns of behaviour. While the latter can be detected in anxiety or even oppression, low self-esteem, and depression, the former could be characterised by aggressive and antisocial behaviour and psychoactive substance abuse<sup>[2]</sup>. The dissertation focuses on one of externalising behavioural patterns, especially on psychoactive substance use.

Examining the theoretical basis of adolescent substance use, researchers refer to several models, such as symbol model, way-of-life model, adaptation model<sup>[3]</sup>, the theory of social learning and social control<sup>[4]</sup>, the theory of problem behaviour, the theory of protective and risk factors<sup>[5]</sup>, the peer cluster theory, and the theory of primary socialisation<sup>[6]</sup>. During the research, this theory was mainly taken into

consideration. According to *Oetting* and *Lynch*, in adolescent socialisation, there are three elements which play significant role: family, school, and peers. These three elements have a connection both with the adolescents and with one another: they form a strong circle which supports the teenager. If any of these elements or the link between them gets weaker, it has an effect on the adolescent too, and it may lead to the appearance of deviant behaviour. Out of the three elements, family and school – except for extreme cases – influence the youngster in a positive way: they support the acquisition of pro-social norms. As far as the peer group is concerned, it has both positive and negative effects. If the adolescents' connections either with the family or with the school get weaker, their peer group links will obviously be dominant. However, the circle can get weaker if the link between the primary socialising factors is not strong enough.

As far as the initiation of the three psychoactive substances is concerned, it generally takes place in pre-adolescence – perhaps except for illegal drugs –; in addition, teenagers start using substances at earlier and earlier ages. The real danger is not in the initiation itself, but in the fact that “the conditioning phenomena which form a link between smoking, drinking, drug taking and pleasant effects, such as chatting with friends, a relaxed state, or handling stress and strain, get fixed in that period of life”<sup>[7]</sup>. Another regrettable phenomenon in adolescence is comorbidity, which means using different psychoactive substances parallelly.

The most significant factors influencing the initiation and the maintenance of substance use are: socio-demographic factors (age, gender, family SES), social support (role of parents, school, and peers), and personality and behavioural factors (ways of stress management, being future oriented, religious belief, sport, etc.). Out of these elements, the most influential factor is social support. Social relations basically have a positive effect on health, while the lack of them has a negative one. Among social relations, family could be considered to be the early group pattern which remarkably determines later socialisation<sup>[8]</sup>. Researches prove that the teenagers who maintain close connections both with their parents and their friends, have less problematic transfer to adulthood, and they are more likely to choose friends who represent values accepted by the society as well<sup>[9]</sup>. *Pikó* thinks that a close connection with the parents based on reliance has a negative correlation with the prevalence of problem behaviour<sup>[10]</sup>.

According to both national and international researches, the use of psychoactive substances is involved in adolescents' lives, which refers to the necessity of prevention programs in this field. Prevention is one of the key words of health-conscious behaviour. Prevention techniques applied since the 60s have gradually improved: they have intended to adapt to the needs of the target population. First, the only aim was to inform and terrify teenagers, later the focus was put on teaching adolescents how to defend themselves from the direct influences of the society, such as the effects of advertisements and the peer

group<sup>[11]</sup>. Nowadays, the most effective prevention is considered to be the competence-based approach, which was developed from the previously mentioned one. This method focuses on improving personal and social skills, as well as on forming adaptive coping techniques<sup>[12]</sup>. According to experts, programs based on cognitive models could not be fully successful because they do not take the environmental and irrational motives of behaviour into consideration, and so, they do not make the motivation background of risk behaviour evident: e.g. risk behaviour provides real or alleged advantages to the users in short run. Today, experts intend to include computer in drug prevention programs, as it is very popular with youngsters<sup>[13]</sup>.

According to WHO, the purpose of health improvement is to change our life style, as most civilisation illnesses are in close connection with our way of living. On the other hand, the way of life mirrors, as well as reproduces social relations<sup>[14]</sup>. In adolescence, taking on risk behavioural patterns carries out as a learning process. That gave the idea of the positive adaptation training, the main part of which is the improvement of social competencies, which refers to interpersonal skills, such as assertiveness, successful communication, or forming positive self-esteem<sup>[15]</sup>. The most significant scene for these trainings is school. According to *Rácz*<sup>[16]</sup>, school intervention programs must contain several elements: passing the knowledge (give as exact information as possible), affective education (self-esteem, tolerant atmosphere), peer programs (refusing techniques,



social skills), and offering alternative programs (positive or challenging activities).

## **INTRODUCTION OF THE RESEARCH**

### **The surroundings, tools, and methods of the research**

The research was carried out in a middle-sized Hungarian city. In the preparatory phase of the research, in spring 2006 semi-structured interviews were made with the principals or deputy principals of six secondary schools. Based on this information and our own experience, a questionnaire was worked out. Since it was a non-standardised questionnaire, a pilot survey was carried out in autumn 2007 among students and in January 2008 among teachers. The questionnaire survey was done in autumn 2008 both among students and teachers. The basis of taking a sample was the stratified grouped method in two steps: the target population was put into strata according to the type of school (grammar, technical, and vocational secondary schools) and to the maintainer (local government, the Church, and foundation). Primary groups were formed by the schools taking part in the research, while the secondary groups – by classes: 9<sup>th</sup>, 12<sup>th</sup>, and 13<sup>th</sup> forms. The selection of both the schools and the classes was done according to probability sampling; and the aim was to have a representative sample according to the school type as well as the maintainer<sup>[17]</sup>. In the research at last, nine secondary schools took part: 1 local governmental grammar

school, 1 ecclesiastical grammar school, 1 foundational grammar school, 4 technical secondary schools run by the local government, and 2 vocational schools run by the local government too – precisely a 9<sup>th</sup> and a 12<sup>th</sup> or a 13<sup>th</sup> form from each school. 489 students and 153 teachers participated in the questioning which formed the basis of the doctoral research. Data processing was done by the mathematical-statistical software: SPSS 17.0. The most frequently used tests to figure out the results were frequency, chi-square test, and Spearman correlation.

Although there were some open questions in both the student and teacher questionnaires, it had been decided during the planning of the survey to apply semi-structured interviews to be able to collect more exact information and data about the problem. Selecting interview sample was about to do by the strategy of maximum variation. This purpose was nearly fulfilled: there was only one school from which no interviews could be done either with a student or with a teacher. As interviewees took part in the research voluntarily, this might deform the results of the survey, as teachers undertaking the interview could be supposed to apply prevention techniques during education – perhaps more than one. There were altogether 31 people: 13 students and 18 teachers with whom the semi-structured interviews were made; from the middle of March to the end of June 2009. Processing the data gained from the interviews was done by open, axial, and selective coding techniques; while systematisation of the data was done manually,

with the so called ‘paper-scissors’ technique<sup>[19]</sup> – of course digitally.

During data collection, our attention was drawn to the institutions and associations in the city, which support teachers’ job to prevent or reduce substance use among adolescents. That was the reason for making semi-structured interviews with the manager of RÉV Service for Addicts, with the lieutenant colonel from the County Police, Crime Prevention Department, who has been co-ordinating D.A.D.A. program, as well as running the secondary school prevention program, the so called *Anti-dote*, and with the chair of the Green Apple Health Improvement Foundation. After making the interview with the manager of RÉV, there was an opportunity to take part in a group activity of the so called ‘de-tour’ on 14 October 2009. Moreover, with the help of the D.A.D.A. co-ordinator, there was an opportunity to observe a lesson of the *Anti-dote* program on 8 December 2009. The strategy of selecting qualitative sample in that way could be considered as a special snowball strategy; in addition, this information and experience remarkably contributed to the research.

In this survey, a great emphasis was put on researcher ethic, as the fact of criminal responsibility might have appeared in several questions of the research. That is why it was obvious to handle the material confidentially. So the aim was in all phases of the research to guarantee the persons safety taking part in the survey. While the students were questioned, we intended to gain their confidence and convince them that filled-in questionnaires would not be seen by

anyone but the researcher. Both students and teachers' questionnaires were obviously anonymous. Before interviews and observations, people were informed about who the researcher was, what the research was about, how the collected data would be handled, and how the people's anonymity would be guaranteed; moreover, interviewees' acceptance was required. All the teachers and students giving interviews are referred to in the dissertation with fictive names. Managers and chairs of institutions and organisations providing support in drug prevention are referred to with the first letter of their names.

## **Results of the empirical study**

According to the research, it must be stated in general, that there are significant differences in substance use between boys and girls, as well as 9<sup>th</sup>-form and 12<sup>th</sup>- or 13<sup>th</sup>-form students. As far as smoking and illegal drug taking are concerned, there is also a significant difference between school types: grammar school students use significantly less, while vocational school students use significantly more psychoactive substances. The survey showed that a better relationship with parents and teachers as well as better school results have negative significant correlation with substance use. It also turned out that the adolescents who discuss their problems more frequently with adults and the ones who prefer free time activities considered to be demanding and socially useful (e.g. drawing, reading, sports) are less likely to use psychoactive substances.

## *Smoking*

Despite the fact that in most of the nine secondary schools taking part in the survey students must not smoke at school regardless their age, adolescent smoking at schools is a typical phenomenon. However, teenagers estimate their own and their classmates' smoking in a different way: the prevalence of classmates' smoking is estimated significantly higher than that of their own ( $\chi^2=123,31$ ;  $p<0,001$ ). Most teachers generally know where illegal and half-legal smoking places are situated in schools. Teachers usually talk face-to-face to the students caught on smoking, or give them form teacher warning (generally in writing), but the punishment sometimes is principal written warning. Teachers and students' opinions do not agree totally on the fact which sanction is given more frequently in which school types. However, both teachers and students agree that oral warnings are significantly more frequently applied in grammar schools, while written penalties are likely to be used in technical and vocational schools.

As for the methods aiming to prevent or decrease smoking, teachers listed more primary techniques than students in the questionnaire. Several teachers use the information-giving method: lectures held by an expert displaying shocking pictures and data, all of which focus on harmful effects of smoking, as well as they rely on giving a positive personal model. According to student questionnaires, giving

information and determent are considered to be effective as well; and they also think that strict banning is one of the effective methods. However, two facts should not be neglected: according to one fifth of the students there are no effective methods to reduce smoking and 38 people (2% of the students) stated that their teachers do not intend to decrease the number of smoking students.

Prevention techniques listed in the interviews are overlapping: some methods are thought to be effective by some people and ineffective by some others. As far as primary prevention techniques are concerned, interviewed teachers and students agree that information-giving and determent are not likely to be the most effective techniques; as well as both of them think that sport is absolutely effective. However, they judge other school methods and socially effective methods in a different way. While prevention built in school material and banning are thought to be effective by the teachers, students suppose that the influence of a teacher – both direct and indirect – is ineffective. Moreover, teachers listed more techniques which could be applied only on the level of the whole society (e.g. keeping laws and changing the attitude of the society).

Besides primary prevention techniques, both teachers and students mentioned several secondary ones. They agree that on secondary level strict banning is totally ineffective, and many people in both groups also questioned the effectiveness of penalties. However, positive peer group influence, personal discussion and complex school programs are thought

to be effective by both groups. Among intervention programs which could be run on social level, the influence of the media, especially life models of reference people, as well as a radical increase in price are thought to be effective by adolescents. Teachers also mentioned the possible introduction of material sanctions; however, they referred to cutting off students' books maintenance. They also mentioned determent through personally experienced tragedies: providing civil services e.g. in a nursing home with respiratory diseases.

### *Alcohol consumption*

Since drinking is closely connected to adolescents' leisure time activities, it hardly appears during teaching periods. However, several students, regardless the type of school, stated that they know some cases when one or two of their classmates drank alcohol between or before lessons. Although this law-breaking behaviour happens rarely and is typical to older students, teachers often do not recognise the illegal behaviour and they generally punish only the extreme situations. However, drinking alcohol at school events (during class excursions or school balls) is turned out to be a huge problem in all types of school. Similar to smoking, there is also a significant difference between the students' own and acknowledged consumption and that of classmates' one estimated by the students ( $\chi^2=362,69$ ;  $p<0,001$ ). But the difference in alcohol consumption in school events is significant between school types as well

( $\chi^2=18,932$ ;  $p<0,05$ ): going from never drinkers to the regular ones, the number of grammar and technical secondary school students sharply falls, while this decrease in the group of vocational school students is not so remarkable.

The fact and the extent of alcohol consumption in school events are known by teachers as well. That is why teachers intend to prevent at least excessive drinking so that they talk to the students before the event or they spend time and entertain together with the students. On the other hand, teachers apply other techniques: they go only one-day excursion or regularly control the scenes. It was obvious from the questionnaires that teacher punish excessive drinking. The penalty might be from oral warning to disciplinary hearing. However, according to both students and teachers, oral warning is applied significantly more frequently in grammar schools, while the most strict sanctions are more likely to be applied in vocational schools. In the questionnaires, teachers mentioned quite few methods preventing excessive drinking; moreover, similar methods were indicated by only one or two teachers. On the other hand, most prevention techniques mentioned by students were based on control: examining bags or strict observation. However, it is an important fact indicated by one sixth of the students that there is no need to prevent excessive drinking as students do not drink a huge amount of alcohol in school events.

During the interviews, there were several similarities between teachers and students' opinions. Among primary prevention methods which could be



applied in schools to avoid excessive drinking, both groups think that a good teacher-student relationship, a compromise made in-advance, the permission of minimal quantity of alcohol (especially on controlled conditions), and peer support are effective. Besides these ones, teachers found the following techniques effective too: a so called ‘controlled free time’ during excursions or having the accommodation in a small place. However, both teachers and students consider that radical banning is ineffective. As far as social level intervention programs are concerned, they agree on the effectiveness of authority control in public places; in addition, some students think that increasing the age limit would be a good idea.

In opposition with smoking, as far as alcohol consumption is concerned, both teachers and students listed quite few secondary prevention methods. While the subsequent compromise was considered to be effective by both groups, the positive effect of punishment in long run was questioned. Teachers think that peer support (e.g. peer criticism) is effective as a secondary method too.

### ***Drug taking***

Opposed to smoking and drinking, drug taking hardly appears in schools; moreover, among the three psychoactive substances, illegal drugs are connected to adolescents’ free time activities in the most obvious way. Despite this fact, the survey showed that some members of the researched population take illegal drugs in schools and school events – very few ones

and in small extent, though. As far as drug taking in school events are concerned – similar to smoking and drinking –, there is a significant difference between the students' own and acknowledged consumption and that of classmates' one estimated by the students ( $\chi^2=122,04$ ;  $p<0,001$ ): students estimate their own consumption significantly lower than that of their classmates. Teachers know about their students' drug taking; however, they estimate the prevalence of it surprisingly higher than the figures stated by the students in the questionnaires. Among the three types of schools, there is a significant difference too ( $\chi^2=17,33$ ;  $p<0,01$ ): vocational school students are the most likely, while grammar school students are the least likely to use illegal drugs.

It was found out from both the teachers and the students' questionnaires that – opposed to smoking and drinking – teachers are less likely to punish the adolescent who is known to take drugs. Teachers generally talk to these students – often including the parents – or they ask for school or drug experts' support. However, it must be mentioned that one fifth of the students think that their teachers do not recognise when students take drugs. On the other hand, one fifth of the students (probably another part) also think that there has not been a case in their school or class when teachers should have taken measures due to illegal drug taking. This latter datum was supposed by approximately one fifth of the teachers as well.

During the interviews, both teachers and students listed several primary prevention techniques a

few of which could be applied in school education. However, both groups indicated that adolescent drug taking could be decreased by applying intervention programs on social level. Besides regular police checking in discos, the students mentioned the importance of family control and stable human relations, for which parents also need to be educated – according to the teachers. Furthermore, it would be essential to provide exciting leisure time activities in schools, to introduce complex health education programs, as well as to teach students to make their decisions on the responsible basis. However, radical banning is thought to be ineffective – like in case of other psychoactive substances.

As a secondary technique, teachers do not think that taking legal measures is a suitable method – it is similar to the questionnaire answers according to which only few teachers would turn to the police or want the student to leave the school. On the other hand, besides personal discussion with the student, teachers consider that involving the parents or drug experts in the case is effective; while students think that friends or partners opposing illegal drugs may give a lot of support.

However, two problems can be detected with all the three substances: the lack of prevention and the ineffectiveness of the running school intervention programs. As far as the former is concerned, if the school does not make the problem obvious, it looks like as if it did not exist. The causes of the latter one are due to the fact that most prevention programs put an emphasis on information giving and do not take

either affective factors or peer pressure into consideration. On the other hand, the positive influence of intervention programs is often destroyed by the image broadcast by the mass media, the over-permissive social attitude (especially regarding legal drugs), as well as the non-suitable family socialisation.

## **SUMMARY AND RECOMMENDATIONS**

The summary of the dissertation contains methods supposed to be effective by teachers and/or students formed as a chart:

School methods			Social methods
Applied		Recommended	Recommended
Direct effect	Indirect effect	Direct and Indirect effect	Direct and Indirect effect
Compromise in-advance	Built-in the school material	Complex health educating program (outside the school)	Helping parents by educating them
Permission of small amount of alcohol	Educating to make responsible decisions	Health educating program built in curriculum	Media campaign (popularization of model persons' lifestyle)
Peer support (e.g. controlling substance use)	Exciting free time activities in excursions	Extra-curricular programs (e.g. sport)	Checking the keeping the law
Students themselves informs parents	Opportunity to work in the students' local government	Talking to an authentic person	Civil service is social and health care institutions (supporting patients)
Non-typical punishment (collecting cigarette fags, cleaning)	Role plays, situations	Further education for teachers	Increasing prices
Personal or group discussion	Good teacher – student relationship		Material consequences (e.g. cutting off students' books maintenance)
Prevention experts support (school and drug experts)			

Several methods can be seen in the chart thought to be effective, out of which the ones will be highlighted that could be taken into consideration and implemented.

### ***Prevention at school***

#### *1. Complex health education program*

A complex health education program should be introduced in all secondary schools. Complexity means both the variety of methods and the topics of the program; as an effective health education program should focus on preserving not only physical but also mental and spiritual health, as well as on forming teenagers' attitudes. So besides drug use and abuse, it should contain topics such as the manipulative influence of advertisements, the advantages and disadvantages of the Internet, healthy diet, doing sports regularly, human relationships, and verbal and non-verbal communication.

The complex program should include, except for passing information, the improvement of social competencies (communication skills, assertiveness, conflict management strategies, coping techniques) and the development of the community. The former might contain the following topics:

- Various situations and role plays, in which adolescents may try how to solve different conflict situations, how to say 'no', how to resist peer pressure, and how to behave in the most suitable way in various situations.

- Discussing real situations debating the pros and cons.
- Education students to make decisions in a responsible way (e.g. dangers of drunken driving, disco accidents, offering drugs to underage kids, etc.)

On the other hand, developing communities would be necessary because a strong and cohesive peer group functions as a protective factor. Community could be developed through the tasks which make group connections stronger, provide help to know each other better, and facilitate to trust each other absolutely.

A complex program like this must be worked out by several different experts and provided with suitable extra materials (e.g. pictures, films, case studies) as well as methodology. After having worked out this subject, piloted with a control group for one or two years, and made the suitable modification in it, the program could be introduced in all Hungarian secondary schools.

## 2. *Peer support*

Although both teachers and students mentioned in the interviews that the influence of peers might be protective, the research showed that schools do not exploit this technique to a possible extent. Since several teachers indicated that peer support could be the most effective if the supporters were some years older than the target group.

## 3. *Exciting free time activities*

All the teachers agreed on the fact that exciting free time activities function as a protective factor, so

they provide great help to prevent or at least decrease drug use – especially drinking and illegal drug taking. Exciting free time activities mean that schools may provide various afternoon programs for their students. On the other hand, class excursions lasting more than one day would absolutely be needed, when both the spot and the program were challenging for students. These longer excursions would provide a great opportunity for teachers and students to get closer and form a more personal relationship, which would influence (decrease) substance use in an indirect way.

#### *4. Further training for teachers*

Teachers would need further training to be able to realise the symptoms of drug taking at early phase. However, some indicated that the most important task of schools would be primary prevention. That is why other further trainings are needed: on the one hand, the ones that improve methodology, on the other hand, the ones that improve communication and conflict management strategies through situations and role plays.

### ***Preventions on the social level***

#### *1. Helping parents by educating them*

Other studies proved that adolescents brought up in dysfunctional families often show the symptoms of deviant behaviour. The teachers participating in this survey mentioned that the family has a significant role in children's socialisation. Parents have a direct effect on adolescents' substance use: if they permit their children to use psychoactive substances, the school



cannot reach any remarkable results in decreasing drugs. On the other hand, the family has an indirect effect on adolescents' legal and illegal drug taking. Using not suitable verbal and non-verbal communication, being over-demanding or the opposite, over-permissive might destroy the parent-child relationship, which may result in the greater influence of negative peer group effect.

That is why parents should be educated so that they could understand and not misunderstand their children. This idea could be implemented through lectures and talks, which could be expanded by television series held by experts and broadcast on a popular national TV channel.

## *2. Media campaign*

A campaign in different media should be launched which may include billboards, TV commercials, as well as introducing famous people, who function as models for kids and youngsters, advertising healthy way of life. In a media campaign, the Internet should have a significant role, as this medium is used most frequently by adolescents.

## *3. Checking the keeping the law*

It is obvious that most psychoactive substances are obtained by adolescents with adult help or support. Although there is law which prohibit underage people from buying and taking legal drugs, both teachers and students hinted in the interviews that the law is often not kept. So different authorities should check more frequently whether the law is kept – and should punish severely the ones who break the law – they should as

well as check selling and taking illegal drugs in discos and clubs.

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